| PATENT APPLICATION FEE DETERMINATION RECOR                                       |   |                                      |                               |                               |                                       |       |                     | (0603777   |  |          |                     |                        |          |
|--|---|--------------------------------------|-------------------------------|-------------------------------|---------------------------------------|-------|---------------------|------------|--|----------|---------------------|------------------------|----------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |   |                                      |                               |                               |                                       |       | SMALL ENTITY TYPE O |            |  |          | OTHER<br>SMALL      |                        |          |
| TOTAL CLAIMS   |   | 62                                   |                               |                               |                                       | - 1   | RATE                |            | FEE  |          | RATE                | FEE                    |          |
| FOR  |   | NUMBER FILED                         |                               | NUMBER EXTRA                  |                                       |       | BASIC               | Æ          | 375.00   | OR       | Basic Fee           | 750.00                 |          |
| TOTAL CHARGEABLE CLAIMS  |   | Iminus 20=                           |                               | · (£).                        |                                       |       | XS 9                | ï          |  | OR       | X\$18=              | 756                    |          |
| INDEPENDENT CLAIMS   |   | A minus 3 =                          |                               | • •                           |                                       |       | X42=                |            |  | OR       | X84s                | 6                      |          |
| MULTIPLE DEPENDE   | RESENT                                    |                                      |                               |                               |                                       |       |                     |            |  | . 200    |                     |                        |          |
| A Maha difference in cohumn 1 is less than zero                                  |   |                                      |                               | "O" in co                     | atumn 2                               |       | +140                |            | -  | OR       | +280=               | 156                    |          |
| * If the difference in column 1 is less than zero, enter "O" in column 2         |   |                                      |                               |                               |                                       |       | TOTA                | AL.        |  | OR       | TOTAL               |                        | ł        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                     |   |                                      |                               |                               |                                       | )     | SMA                 | L I        | ENTITY   | OR       | SMALL               |                        |          |
| <b>~</b>   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY           | PRESENT<br>EXTRA                      |       | RAT                 | E          | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE |          |
| Total • Independent •  | 62  | Minus                                | - 6                           | , 2                           | •/                                    |       | X\$ 9               | ) <u> </u> |  | OR       | X\$18=              |                        |          |
| Independent •  | 2   | Minus                                | ***                           | 3                             | •                                     | T     | X42                 |            |  | OR       | X84=                | 7                      |          |
| FIRST PRESENT  | TATION OF MI                              | JLTIPLE DEP                          | NDEN                          | CLAIM                         |                                       | J     | +140                | ) <u>.</u> |  | OR       | +280=               |                        | į        |
| ,  |   |                                      |                               |                               |                                       |       |                     | M          | <del></del>                                      | OR       | YOTAL               |                        | 1        |
| 10-13-04   | (Column 1)                                |                                      | (Colu                         | mn 2)                         | (Column 3)                            | )     | ADDIT.              | FEE.       | <u> </u>   | 10       | ADDIT! FEE          |                        | 1        |
| 8 -  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVI          |                               | PRESENT<br>EXTRA                      |       | RAT                 | E          | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE |          |
| Total •  | 104                                       | Minus                                | -(0                           | ると                            | .02                                   | 1     | X\$ 5               | <b>)</b> = |  | OR       | 2000                | 100                    | 1        |
| Independent •  | 5   | Minus                                | ***                           | <u> </u>                      | -2                                    | 4     | X42                 | := .       |  | OR       | CHARLE !            | KXX                    | <b>D</b> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |                                      |                               |                               |                                       |       | +14                 | )=         |  | OR       | +280=               |                        | 1        |
| · . // .   |   |                                      |                               |                               |                                       |       | ADDIT.              | TAL        |  | OR       | YOYAL<br>ADDIT, FEE | 200                    | 1        |
| 1012510 (Column 1) (Column 2) (Column 3)   |   |                                      |                               |                               |                                       |       |                     |            |  |          |                     |                        |          |
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT |                                      | PREVI                         | KEST<br>ABER<br>KOUSLY<br>FOR | PRESENT<br>EXTRA                      |       | RAT                 | E          | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE |          |
| O Total  | hd  | Minus                                | •                             | ·                             | •                                     |       | X\$                 | )=<br>}=   |  | OR       | X\$18=              |                        | 1        |
| Total •  | 3   | Minus                                | ***                           |                               | -                                     | ]     | X42                 | <u></u>    |  | OR       | V04-                |                        | 1        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |                                      |                               |                               |                                       |       |                     | ^-         | <del>                                     </del> | 1        |                     | 1                      | 1        |
| of the entry is column 1 is less than the poly is column 2, write W is column 3. |   |                                      |                               |                               |                                       |       |                     |            |  |          |                     | 4                      |          |
| ** If the "Highest Marri   | ber Proviously F<br>hav Graviously E      | haid For' IN THE<br>haid For' IN THE | S SPACE<br>R SPACE            | is less the<br>is less th     | in 20, enter "2."<br>In 3, enter "3." | •     | ADDIT.              | FEE        |  | JOR      | ADDIT. FEI          |                        | 4        |
| The 7-Oghest Mumb  | er Previously Pr                          | ald For (Total or                    | tridepen                      | deni) is th                   | highest rum                           | ber f | ound in t           | ne a       | ppropriata b                                     | ox (2) C | otuna 1.            | -                      |          |

Application or Docket Number